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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/840,297	04/24/2001	Theodore F. Rabenko	1875.0620001	4380

TITLE OF INVENTION: SYSTEM AND METHOD FOR PROVIDING POWER OVER A HOME PHONE LINE NETWORK

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APPLN. TYPE	SMALL ENTITY	ISSUE FE		PUBLICATION FEE	TOTAL FEE(S		DATE DUE	
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EXAMINER		ART UNIT		CLASS-SUBCLASS		•		
BRINEY III, WALTER F		2644		379-413000				
CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unles recordation as set forth it (A) NAME OF ASSIGN BROADCOM CO	D RESIDENCE DATA TO Es an assignee is identified ben 37 CFR 3.11. Completion	Correspondence ation form e of a Customer E PRINTED ON The clow, no assignee do for this form is NOT (B)	(1) the name or agents O (2) the name registered at 2 registered listed, no name the PATENT at a will appear a substitute for RESIDENCI	ar on the patent. If an as or filing an assignment. E: (CITY and STATE OR CALIFORNIA	as a member a 2 names of up to s. If no name is 3 signee is identified by country 01 FC:1501 02 FC:1504 03 FC:8001	DAF2 000000	IN ILC Iment has been filed for 18 09840297 1400.00 0P 300.00 0P 9.00 0P	
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4a. The following fcc(s) are	e chelosed.		4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.					
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Publication Fee (No small entity discount permitted) Advance Order - # of Copies3			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).					
a. Applicant claims S	s (from status indicated above SMALL ENTITY status. Sec) is requested to apply the lss	37 CFR 1.27.		ant is no longer claiming S				
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Authorized Signature	(tom Fr			Date	1/3/05			
	Thomas C. Fial			, -	tion No. <u>43,610</u>			
This collection of informat an application. Confidentia submitting the completed a this form and/or suggestion Box 1450, Alexandria, Vir Alexandria, Virginia 22313	ion is required by 37 CFR 1.3 lity is governed by 35 U.S.C application form to the USPT is for reducing this burden, s ginia 22313-1450. DO NOT 1-1450.	11. The information 122 and 37 CFR 1 O. Time will vary of hould be sent to the SEND FEES OR C	depending up Chief Inform OMPLETED	o obtain or retain a benefit ection is estimated to take on the individual case. Ar ation Officer, U.S. Patent FORMS TO THIS ADDI	ny comments on the a and Trademark Offic RESS. SEND TO: Con	amount of time ee, U.S. Departi mmissioner for	you require to complete nent of Commerce, P.O Patents, P.O. Box 1450	

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Effective on 12/08/2004. Complete if Known es pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 09/840,297 Filing Date April 24, 2001 For FY 2005 First Named Inventor Theodore F. RABENKO **Examiner Name** Walter F. Briney III aims small entity status. See 37 CFR 1.27 Art Unit 2644 TOTAL AMOUNT OF PAYMENT 1709.00 1875.0620001 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check X Credit Card Money Order 」None Ⅰ Other (please identify): X | Deposit Account Deposit Account Number:_____ 19-0036 __ Deposit Account Name: Sterne, Kessler, Goldstein & Fox P.L.L.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) X Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Small Entity Fee (\$) **Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 130 50 65 Plant 200 100 300 150 160 80 300 Reissue 150 500 600 300 250 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) **Fee Description** Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 50 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 180 **Total Claims Extra Claims Multiple Dependent Claims** Fee (\$) Fee Paid (\$) - 20 or HP Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Extra Claims = __ x HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets Extra Sheets** Number of each additional 50 or fraction thereof Fee Paid (\$) _____ (round up to a whole number) x - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: \$1400.00 = Issue Fee; \$300.00 = Pub. Fee; \$9.00 advance copies \$1709.00 **SUBMITTED BY** Registration No. mu C Signature Telephone 43,610 (202) 371-2600 (Attorney/Agent) Name (Print/Type) Date

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This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Thomas C. Fiala